



TFW 2123

Attorney's Docket No.: 42390P11198

Patent

In re the Application of: Vincent J. Zimmer

(inventor(s))

Application No.: 09/966,015

Filed: September 27, 2001

For: METHOD FOR PROVIDING SYSTEM INTEGRITY AND LEGACY ENVIRONMENT EMULATION

(title)

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

SIR: Transmitted herewith is a **Response and Amendment** for the above-referenced application.

Applicant claims small entity status. See 37 CFR 1.27.

☒ **No additional fee is required.**

☒ **Information Disclosure Statement and applicable submission fee is included.**

The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amd.		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total Claims	* 10	Minus	** 26	0	X25	\$	X50	\$ 0
Indep. Claims	* 3	Minus	*** 5	0	X100	\$	X200	\$ 0
<input type="checkbox"/> First Presentation of Multiple Dependent Claim(s)					+180	\$	+360	\$
					Total Add. Fee	\$	Total Add. Fee	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

FIRST CLASS CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on January 27, 2006
Date of Deposit

Yuko Tanaka
Name of Person Mailing Correspondence

Y. Tanaka
Signature

January 27, 2006
Date

_____ A check in the amount of \$ _____ is attached for presentation of additional claim(s).

_____ Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to 37 C.F.R. § 1.136(a).

 X A check for \$ 180.00 is attached for Information Disclosure Statement submission fee under 37 C.F.R. § 1.17(p).

_____ Please charge my Deposit Account No. 02-2666 the amount of \$ _____.
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- X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims.
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